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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/587,678
Filing Date	July 27, 2006
First Named Inventor	10/587,678
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	01435.035US1

### ENCLOSURES (Check all that apply)

- |   |  |  |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>Form 1449 (1 pg.); Copies of 26 cited<br>references; Return Postcard |
|---|--|--|

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	VIKSINNS HARRIS & PADYS PLLP		
Signature			
Printed name	Robert J. Harris		
Date	November 14, 2006	Reg. No.	37,346

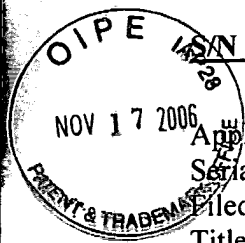
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Typed or printed name	Lynda Mau	Date	November 14, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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10/587,678

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Kathryn E. Uhrich et al.	Examiner:	Unknown
Serial No.:	10/587,678	Group Art Unit:	Unknown
Filed:	July 27, 2006	Docket:	01435.035US1
Title:	AMPHIPHILIC STAR-LIKE OR SCORPION-LIKE MACROMOLECULES, VARIOUS COMPOSITIONS AND USES THEREOF		

**INFORMATION DISCLOSURE STATEMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In compliance with 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to MPEP 609, Applicants request that a copy of the Form 1449, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. § 1.97, no fee or statement is required with the Information Disclosure Statement. However, the Commissioner is hereby authorized to charge any required fees to Deposit Account No. 503503 in order to have this Information Disclosure Statement considered. The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,  
Kathryn E. Uhrich et al.  
By their Representatives,  
Viksnins Harris & Padys PLLP  
P.O. Box 111098  
St. Paul, MN 55111-1098  
952 876-4094

Date 11-14-06

By

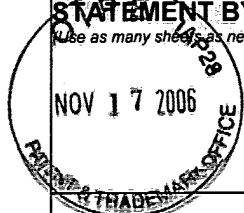
Robert J. Harris  
Reg. No. 37,346

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Lynda Mau  
Name

Lynda Mau  
Signature

Substitute for form 1449A/PTO and/or 1449B/PTO  
**INFORMATION DISCLOSURE  
 STATEMENT BY APPLICANT**  
 (Use as many sheets as necessary)



Sheet 1 of 1

Complete if Known

<b>Application Number</b>	10/587,678
<b>Filing Date</b>	07/27/06
<b>First Named Inventor</b>	Kathryn E. Uhrich
<b>Group Art Unit</b>	Unknown
<b>Examiner Name</b>	Unknown

**Attorney Docket No:** 01435.035US1

**FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Foreign Document Number (include country code)	Publication Date	Translation (Abstract Only or Full Translation, if applicable)
	WO 03/103594	Dec. 18, 2003	
	WO 03/005959	Jan. 23, 2003	
	WO 00/65024	Nov. 2, 2000	
	WO 03/103594	Dec. 18, 2003	

**OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS**

Examiner Initials*	Include last name of the first author (in CAPITAL letters), "Title of the Article", <u>Title of the Source</u> (book, magazine, journal, serial, symposium, catalog, etc.), <u>Volume-Number</u> , page(s) and (date).
	International PCT Search Report for PCT/US 05/002900, (08/08/2005), 5 pgs.
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	Williams et al., <u>Arteriosclerosis, Thrombosis &amp; Vascular Biology</u> , (1995) 15(5):551-561.
	Zhu et al., <u>J. Polym. Sci. Polm. Chem.</u> , (1989) 27,:2151.

**EXAMINER**

**DATE CONSIDERED**

Substitute Information Disclosure Statement Form (PTO-1449)

\* Examiner: Initial if document considered, whether or not the citation is in conformance with MPEP 809. Draw line through citation if not considered. Include copy of this form with next communication to Applicant.